

ADVANCE LETTER (MD) 7/95

Headquarters

To: Executive Directors/General Manager of:

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Dental Practice Board
Health Education Authority
National Blood Authority
NHS Training Directorate
Prescription Pricing Authority
Public Health Laboratory Service Board
Special Hospitals Service Authority
NHS Trusts

5 December 1995

Dear Sir/Madam

ASSOCIATE SPECIALISTS' DISCRETIONARY POINTS**Summary**

1. This Advance Letter notifies employers of new arrangements for the payment of Discretionary Points to associate specialists employed on the national terms and conditions of service for hospital medical and dental staff, and requests employers to begin consultation with the professions locally to enable the scheme to be implemented with effect from 1 April 1996. These arrangements will replace the payment of performance supplements with effect from 1 April 1996.

Introduction

2. Discretionary Points are consolidated payments in addition to the maximum of the associate specialist salary scale which may be paid at the discretion of the employer in the light of professional advice. The Discretionary Point scale will consist of 4 points of equal value (rounded to nearest £1 where necessary), with the second point equivalent to the cash value of the current performance supplement ie £3,145 and the maximum being equivalent to 15% of the maximum of the associate specialists' scale ie £6,290. The scale is set out at Annex A - showing the rates which would have been payable if the scheme had operated from 1 April 1995. The value of the points payable on implementation of the scheme from 1 April 1996 will be determined in the light of the recommendations of the DDRB, and promulgated with the rates of doctors' and dentists' pay for 1996/7.

Eligibility

3. These arrangements apply to all associate specialists on national terms and conditions of service. Trusts may wish to apply the scheme to other associate specialists to whom national pay scales apply, given the fact the scheme replaces performance supplements. All such associate specialists who have reached the maximum of the associate specialist salary scale are eligible for payment of Discretionary Points, including those in receipt of a performance supplement (see paragraph 9 for the position of current holders of performance supplements).

4. Employers have discretion on the numbers of points to be granted in any individual case in any particular year, and on the total number of points to be granted in any year within the Authority or Trust subject to the maximum of the discretionary points scale.

5. The following principles also apply:-

- Maximum part time and part time associate specialists should be paid the appropriate proportion of the full value of the Discretionary Point(s) granted.
- Locum associate specialists are not eligible for payment of Discretionary Points.

Payment and Incremental Dates

6. Associate specialists who will have reached the maximum of the associate specialists' salary scale at 1 April in any particular year are eligible for consideration for payment of one or more Discretionary Points from that date irrespective of their incremental date. Where Point(s) are granted to an associate specialist, payment should be made from 1 April and not from the associate specialist's incremental date.

Guidelines on Criteria

7. Guidelines on the criteria for Discretionary Points are attached at Annex B.

Arrangements for Deciding Points and Professional Input

8. Guidelines on the arrangements for deciding Discretionary Points and the mechanism for professional input are attached at Annex C. Employers' attention is drawn to the need to ensure that the mechanism for professional input is determined in consultation with the professions locally and commands their confidence. Where necessary this should include professional input from outside the Authority or Trust.

Current Holders of Performance Supplements

9. Current holders of performance supplements, and any remaining supplements awarded in the 1995/96 year, will be regarded for the purposes of the scheme as being at the second point of the Discretionary Point scale. They will be considered for any additional Discretionary Points in accordance with guidance at Annexes B and C.

Pensionability

10. Discretionary Points will be pensionable.

Appeals

11. Any appeals over non payment of discretionary points or the numbers of points awarded should be dealt with in accordance with the provisions of local procedures for handling differences about individual employee's conditions of service.

The current arrangements for Performance Supplements

12. The current performance supplement arrangements, including the five yearly review arrangements, will cease to operate once all such committees have met and made their recommendations on the supplements to be granted for 1995.

Action

13. Employers are asked to:-
 - (i) note the new arrangements for payment of Discretionary Points set out in this letter and the guidelines set out in Annexes B and C.
 - (ii) consult with the professions locally on the implementation of the scheme so as to enable the first Discretionary Points to be decided and put into payment from 1 April 1996. The cash value of Discretionary Points from that date will be subject to the recommendations by the DDRB on doctors' and dentists' pay for 1996/7.

Amendments to Terms and Conditions of Service Handbooks

14. Amendments to the terms and conditions of service of hospital medical and dental staff (England and Wales) will be issued following agreement in the Joint Negotiating Committee for Hospital Medical and Dental Staff. These will be incorporated in the relevant staff handbooks in 1996 following determination of the value of the discretionary points payable in the light of the recommendations of the DDRB, and promulgated with the rates of doctors' and dentists' pay for 1996/7. An important change to note in advance of the amendments is that discretionary points will be taken into account when calculating the rate for temporary additional notional half days.

Distribution and Enquiries

15. Additional copies of this letter are enclosed for Directors of Finance and of Human Resources. Authorities are asked to make their own arrangements for obtaining any further copies they require. Practitioners should direct enquiries to their employing authorities and Trusts.

Yours sincerely

M G STURGES
Assistant Secretary
Human Resources Division

ASSOCIATE SPECIALISTS' DISCRETIONARY POINTS

1. Associate specialists may be given discretionary points beyond the maximum of the associate specialist salary scale.
2. For illustrative purposes the rates set out below are those which would have applied if the scheme had been introduced at 1 April 1995.

Associate specialists' Discretionary Points (rounded to be nearest £1 where necessary)

Point 1	£43,473
Point 2	£45,045 (current level of performance supplement)
Point 3	£46,618
Point 4	£48,190 (15% of the scale maximum)

3. The cash values of the discretionary points to be introduced from 1 April 1996 will be for consideration by the Review Body on Doctors' and Dentists' Remuneration.

Maximum Part Time and Part Time Associate Specialists

4. Maximum part time and part time associate specialists should be paid the appropriate proportion of the full value of the Discretionary Point(s) granted.

GUIDELINES ON CRITERIA FOR ASSOCIATE SPECIALISTS' DISCRETIONARY POINTS

The following principles should underpin the local implementation of the scheme:-

1. Discretionary Points are *not* seniority payments, nor automatic annual increments.
2. Associate specialists in all specialties and all types of post are equally eligible and should be treated as such.
3. To warrant payment of a discretionary point, associate specialists will be expected to demonstrate skills and expertise beyond what would normally be expected of a practitioner in the grade and make an outstanding contribution in one or more of the following fields: the service of patients, teaching, research and development of the service.
4. Progression at each step up the discretionary point scale will reflect the increasing quality and range of the contribution made by the associate specialist. To attain the maximum of the discretionary point scale associate specialists will be expected to have demonstrated an outstanding contribution to services.
5. The criteria for payment of discretionary point should allow for contributions made in the following areas to be taken into account:-
 - i. professional excellence, including
 - quality of care of patients
 - service development
 - professional leadership
 - ii. contribution to professional and multidisciplinary teamworking
 - iii. research, innovation and improvement in the service
 - iv. clinical audit
 - v. administrative or NHS management contributions
 - vi. teaching and training
 - vii. wider contribution to the work of the NHS nationally
6. The differing opportunities and normal expectations associated with associate specialists will need to be taken into account in assessing the level of performance required in individual cases.

7. In judging the service contribution expected and provided, account should be taken of workload and resources, including staff and facilities available to the associate specialist.
8. In deciding payments employing bodies should ensure that associate specialists are treated equally regardless of their colour, race, sex, religion, politics, marital status, sexual orientation, membership or non membership of trade unions or associations, ethnic origin, age or disability.

GUIDELINES ON THE ARRANGEMENTS FOR DECIDING ASSOCIATE SPECIALISTS' DISCRETIONARY POINTS AND MECHANISM FOR PROFESSIONAL INPUT

The arrangements for deciding payment and final decisions on payment in individual cases are a matter for the employer, but the following principles should underpin the local implementation of the scheme:-

1. There should be a mechanism for ensuring professional input to advise the employer before decisions are taken.
2. The arrangements for professional input, including the professions' views on the prioritisation of individual associate specialists, and the nature of any role medical and clinical directors may play in this mechanism, should be determined in consultation with the professions locally eg medical staff committees, and command their confidence.
3. The mechanism should ensure that the employer will receive the appropriate range of specialty advice.
4. Where the appropriate professional input is not available from within the Authority or Trust, the mechanism should allow for this to be sought from outside the Authority or Trust.
5. Employers should ensure that any views put forward by Royal Colleges, Faculties or other professional bodies on the professional skills of the consultant should be fully considered and taken into account.
6. The arrangements for deciding payment and the mechanism for professional input should be considered and approved by the Authority or Trust. Associate specialists should be informed of these arrangements. The Authority or Trust should satisfy itself that the arrangements will enable decisions on payments to be made on an equitable and fair basis in all cases, with the appropriate degree of professional input necessary to support judgements on the professional aspects of an associate specialists' work.
7. The Authority or Trust should monitor the operation of the scheme on an ongoing basis to ensure that the scheme continues to operate on an equitable and fair basis.
8. In discharging this function, the attention of the Authority or Trust is drawn to paragraph 8 of the guidelines on criteria and the need for equal treatment for all staff. The Authority or Trust are also asked to ensure that associate specialists are not afforded differential treatment according to the specialty in which they work, or according to whether they are employed on a whole time or other basis.